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**Amendments to the Specification**

Please amend paragraph [0043] in the following manner.

[0043] The information needed to define the conceptual line and plane comes from manual input based on a scout view and a stereo view. FIG. 5 illustrates schematically a display of three view on monitor 206 (FIG. 1), a scout view at 500 and two stereo view at 502 and 504 that may be taken at  $\pm 15$ . The views contain respective images 500a, 502a and 504a of the same abnormality, illustrated as points for simplicity although in fact the abnormality images would occupy areas in the respective views. Although two stereo views are illustrated, this embodiment only needs one, provided it shows the abnormality sufficiently clearly. To derive two-dimensional information about the abnormality from the scout image 500, the health professional uses a manual input device, such as trackball 210 (FIG. 2), a mouse, a joystick or some other input device, to position a targeting symbol 500b over the abnormality 500a. By clicking or otherwise indicating that targeting symbol 500b is on abnormality 500a, the health professional enters the two-dimensional information (xy coordinates of symbol 500b at the current position on image 500) into the computer in workstation 204. This part of the process is essentially identical to the entry of two-dimensional information information from a stereo view in the current MultiCare system, but the ~~software~~ software is modified to account for the fact that the two-dimensional information comes from a scout view and will be used in a fundamentally different way.